

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (DO NOT USE WITH FORM 1804)						FILED NO. 70/035783		FILED DATE	
CLAIMS									
NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		NO.	AS FILED	
	NO.	CHG.	NO.	CHG.	NO.	CHG.		NO.	CHG.
1	1		1		1		61		
2	1		1		1		62		
3	1		1		1		63		
4	1		1		1		64		
5	1		1		1		65		
6	1		1		1		66		
7	1		1		1		67		
8	1		1		1		68		
9	1		1		1		69		
10	1		1		1		70		
11	1		1		1		71		
12	1		1		1		72		
13	1		1		1		73		
14	1		1		1		74		
15	1		1		1		75		
16	1		1		1		76		
17	1		1		1		77		
18	1		1		1		78		
19	1		1		1		79		
20	1		1		1		80		
21	1		1		1		81		
22	1		1		1		82		
23	1		1		1		83		
24	1		1		1		84		
25	1		1		1		85		
26	1		1		1		86		
27	1		1		1		87		
28	1		1		1		88		
29	1		1		1		89		
30	1		1		1		90		
31	1		1		1		91		
32	1		1		1		92		
33	1		1		1		93		
34	1		1		1		94		
35	1		1		1		95		
36	1		1		1		96		
37	1		1		1		97		
38	1		1		1		98		
39	1		1		1		99		
40	1		1		1		100		
41	1		1		1		101		
42	1		1		1		102		
43	1		1		1		103		
44	1		1		1		104		
45	1		1		1		105		
46	1		1		1		106		
47	1		1		1		107		
48	1		1		1		108		
49	1		1		1		109		
50	1		1		1		110		
TOTAL NO.	1	1	1	1	1		TOTAL NO.	1	1
TOTAL CHG.	28	28	28	28	28		TOTAL CHG.	1	1
TOTAL CLAIMS	29	29	29	29	29		TOTAL CLAIMS	1	1

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